

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021745

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 46

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY Washingtonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN PotosiLength of stay in lb
Minutesc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 111 E. HighInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Washingtonc. CITY
OR TOWN Mineral PointInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First RobertMiddle LuchionLast Roderick4. DATE
OF DEATHMonth MayDay 11Year 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday) 51

IF UNDER 1 YEAR

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Helper

10b. KIND OF BUSINESS OR INDUSTRY

Railroadshops

11. BIRTHPLACE (City and state or country)

Mineral Point, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Steven Roderick

13b. MOTHER'S MAIDEN NAME

Martha Ann Politte

14. NAME OF HUSBAND OR WIFE

Myrtle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, unknown) (If yes, give dates of service)

yesWWII

17. INFORMANT

Address Mineral Pt.1 Mrs. Myrtle Roderick, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Myocarditis Sudden
after removal of R.
2 yrs preceding

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1 1962 to May 14 and last saw him alive on May 14 1962
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/17/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cem.

23d. LOCATION (City, town, or county)

Potosi, Mo.

24. FUNERAL DIRECTOR

Gum & Son

ADDRESS

Potosi, Mo

25. DATE RECD. BY LOCAL REG.

5/16/62

26. REGISTRAR'S SIGNATURE

Arthur Rudall

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2961 S NUR
MAY 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Burns

Licensed Embalmer No. 5155

P. O. Address Potosi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.